

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07-03-08

Address: CR 32 WEST OF CR 39

Case #: 22-43318

WATERLOO, IN

County: DEKALB

DEKALB COUNTY

Type of Laboratory Seizure (check one)

- Operational Lab
 Chemical/Glassware/Equipment (only)
 Dumpsite (only)

Seizure Location (check all that apply)

- Residence
 Outbuilding
 Vehicle
 Hotel/Motel
 Open - No Structure
 Other:
FIELD

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- Lithium/Ammonia Reaction(s): _____
 Red Phosphorous/Iodine Reaction(s): _____
 Flammable Solvents: _____
 Water Reactive Metal (Lithium): _____
 Anhydrous Ammonia: FIELD
 Hydrochloric Acid Gas Generator(s): FIELD
 Corrosive Acid: _____
 Corrosive Base: _____
 Other (item and location): _____

Child under age 18 discovered (check one)

- Yes _____ (number present)
 No

*If yes, fax report to Child Protective Services

Investigative Information

- Ephedrine/Pseudoephedrine Tracking Log
 Retail/Merchant Tip
 Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: WATERLOO FIRE

Fax: 260-837-9024

Health Department: MARK S. SOUDER

Fax: 260-925-2220

Child Protection Service: DEKALB COUNTY

Fax: 260-925-0543

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: AL MARTINEZ Phone 574-286-3590

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.